

InSight Health Corp.

Law Department 26250 Enterprise Court, Suite 100 Lake Forest, CA 92630-8405

Tel 949.282.6000 Fax 949.462.3703

July 29, 2005

Cristine Vogel Commissioner Office of Health Care Access 410 Capitol Avenue, MS#13HCA P. O. Box 34038 Hartford, CT 06134-0308

RE: Letter of Intent/Waiver Form 2030

Dear Commissioner Vogel:

Insight Health Corp. ("InSight") proposes to replace an established mobile Positron Emission Tomography ("PET") service at multiple hospital locations with mobile PET/CT service and seeks a waiver of the CON process pursuant to Section 19a-639c of the Connecticut General Statues. InSight and certain Connecticut hospitals hold two (2) approved CONs for PET service; one of which we are seeking approval to replace with newer technology.

OCHA approved Docket No. 00-541, dated February 5, 2001, established a mobile PET scanning service by InSight at The Hospital of Saint Raphael, MidState Medical Center, New Britain General, St. Mary's Hospital and Waterbury Hospital. Docket No.01-515a, dated August 6, 2001, established mobile PET scanning service at Hartford Hospital, Middlesex Hospital, Manchester Memorial Hospital, Windham Hospital, and UConn Health Center/John Dempsey Hospital.

The mobile PET/CT service would replace the existing mobile PET service, which uses the equipment authorized by Docket No. 00-541. The total authorized capital expenditures under Docket No. 00-541 was \$2,028,200. The fair market value of the PET/CT equipment is approximately \$886,000.

Since the approval of both the above referenced CONs, Hartford Hospital and The Hospital of St. Raphael have established fixed PET/CT services with OCHA's approval. Hartford Hospital ceased mobile PET services on 12/31/02 and The Hospital of St. Raphael ceased mobile PET services on 11/28/03. In addition, Middlesex Hospital has received approved for expansion and replacement of its current PET and CT services (LOI dated 8/27/04). Middlesex anticipates its fixed PET/CT will be operational by early fall 2005 negating the need for continuing mobile PET or PET/CT services. All remaining hospitals continue to be serviced with the original approved mobile PET services.

The Harold Leever Regional Cancer Center is in the process of modifying its CON approval (Docket 03-30200-CON) for replacement of the mobile PET service with a fixed PET/CT. Insight is providing mobile PET/CT services to Harold Leever until their fixed site is operational (CON Determination 05-30453-DTR).

295 JUL 32 FA F: 45

A completed Letter of Intent/Waiver Form 2030 is enclosed for your review and consideration. Enclosed as well are letters of support from hospital executives, physicians and patients at the participating hospitals.

Sincerely,

/s/ JUDY ERBSTEIN
Judy Erbstein
Area Director, Enterprise Operations

#### Enclosures

cc: B. O'Rourke, InSight Health Corp.

T. Galloway, InSight Health Corp.

B. Robinson, InSight Health Corp.

P. Knag, Esq.

C/:PET/PET.CT.CON.OCHA6.6.05

2805 JUL 22 PH 1: 45



# State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

#### SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	InSight Health Corp.	See Attachment A for information on additional applicants
Doing Business As	InSight Health Corp.	
Name of Parent Corporation	InSight Health Services Corp.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	26250 Enterprise Court, Suite 100 Lake Forest, CA 92630	
Applicant type (e.g., profit/non-profit)	For profit	
Contact person, including title or position	Judy Erbstein Area Director, Operations	
Contact person's street mailing address	26 Spring Hill Road Merrimac, MA 01860	
Contact person's phone #, fax # and e-mail address	(P) 978.346.0631 (F) 978.346.8225 Email:	

The state of the s		jerbstein@insighthealth.com
	SECT	ION II. GENERAL APPLICATION INFORMATION
	a.	Proposal/Project Title:
		Replacement of mobile PET scanner with PET/CT scanner
	b.	Type of Proposal, please check all that apply:
		Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
		<ul><li>☐ New (F, S, Fnc)</li><li>☐ Replacement</li><li>☐ Additional (F, S, Fnc)</li></ul>
		☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination
		☐ Bed Addition` ☐ Bed Reduction ☐ Change in Ownership/Control
		Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:  Project expenditure/cost cost greater than \$ 1,000,000  Equipment Acquisition greater than \$ 400,000
		☐ New X Replacement ☐ Major Medical
		☐ Imaging ☐ Linear Accelerator
		Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000
	C.	Location of proposal (Town(s) including street address): MidState Medical Center, 435 Lewis Avenue, Meriden, UConn Health Center/John Dempsey Hospital, 263 Farmington Avenue, Farmington; New Britain General Hospital, 100 Grand Street, New Britain.
		List all the municipalities this project is intended to serve: Meriden, Farmington, New Britain and surrounding service areas – reference Table 1 for details of communities served as evidenced by patient zip code origin

d. Estimated starting date for the project: October 1, 2005

e. Type of project: 21 (PET service) and 24 (Mobile Services) and 22 (Other imaging Services – CT) (Fill in the appropriate number(s) from page 7 of this form)

#### Number of Beds (to be completed if changes are proposed) N/A

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

#### SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$886,000.00
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	\$ 886,000.00
Total Capital Cost	\$ 886,000.00

#### Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
PET/CT scanner	GE	DST-8	One (1)	\$FMV specified in Attachment 1
	<b>*************************************</b>			· ·

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

The PET/CT contemplated for use in Connecticut was purchased by Insight in 2004 for use in another state by InSight. The current Fair Market Value of the PET/CT unit to replace the current PET equipment is identified above. A letter dated July 21 from Associates Imaging confirms the estimated FMV of this piece of equipment based on the configuration of the Pet/CT unit.

Contracts for service between the hospitals and InSight currently exist and once any necessary modifications are made, will be the basis for service with PET/CT

C.	l ype of financing or fundi	ng sour	ce (more than one c	an be d	cnecked):
	Applicant's Equity		Lease Financing		Conventional Loar
	Charitable Contributions		CHEFA Financing		Grant Funding
	Funded Depreciation	□x	Other (specify): Eq	uipmen	nt is owned

#### SECTION IV. PROJECT DESCRIPTION – See Attachment B

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- 3. Who is the current population served and who is the target population to be served?
- 4. Identify any unmet need and how this project will fulfill that need.
- 5. Are there any similar existing service providers in the proposed geographic area?

- 6. What is the effect of this project on the health care delivery system in the State of Connecticut?
- 7. Who will be responsible for providing the service?
- 8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

#### SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

•	-	gible for a waiver from the Certificate of Need process because of the following: ck all that apply)
X□	This re	equest is for Replacement Equipment.
	□X	The original equipment was authorized by the Commission/OHCA in Docket Numbers: 01-515a and 00-541
	□X	The cost of the equipment is not to exceed \$2,000,000.
	□x	The cost of the replacement equipment does not exceed the original cost increased by 10% per year.
Pleas	se com	plete the attached affidavit for Section V only.

#### **AFFIDAVIT**

	Jurat
State of <u>California</u> Sounty of <u>Orange</u> State of <u>California</u> St	22

Notary's Signature

Subscribed and sworn to (or affirmed) before me	Atherine Maeda  Name of commissioned notary
	ivaine of commissioned notary
on this July 29, 2005 by Mitch C.	4:11
Date of notarization	Name of affiant
personally known to me or provided to me on t	he basis of satisfactory evidence
to be the person who appeared before me.	KATHERINE MAEDA COMM. # 1595300 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Comm. Expires JULY 15, 2009
WITNESS my hand and official seal.	
Totherine Maeda	Stamp clear impression of notary seal above.
NI-4 1 C'	

### **OPTIONAL INFORMATION**

DESCRIPTION OF THE ATTACHED
STATE OF CONNECTION OFFICE OF HEALTH CARE ACCESS
LETTER OF INTENT/WAIVER FORM, FORM 2030 **Title of Document** SEVENTYM NINE PAGES **Number of Pages Document Date Other Information** 

#### **Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

#### Inpatient

- 1. Cardiac Services
- 2. Hospice
- 3. Maternity
- 4. Med/ Surg.
- 5. Pediatrics
- 6. Rehabilitation Services
- 7. Transplantation Programs
- 8. Trauma Centers
- 9. Behavioral Health (Psychiatric and Substance Abuse Services)
- 10. Other Inpatient

#### Outpatient

- 11. Ambulatory Surgery Center
- 12. Birthing Centers
- 13. Oncology Services
- 14. Outpatient Rehabilitation Services
- 15. Paramedics Services
- 16. Primary Care Clinics
- 17. Urgent Care Units
- 18. Behavioral Health (Psychiatric and Substance Amuse Services)
- 19. MRI
- 20. CT Scanner
- 21. PET Scanner
- 22. Other Imaging Services
- 23. Lithotripsy
- 24. Mobile Services
- 25. Other Outpatient
- 26. Central Services Facility

#### Non-Clinical

- 27. Facility Development
- 28. Non-Medical Equipment
- 29. Land and Building Acquisitions
- 30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
- 31. Renovations
- 32. Other Non-Clinical

TTACHMENT A	Applicant Two	Applicant Three	Applicant Four
Full legal name	MidState Medical Center	John Dempsey Hospital	New Britain General Hospital
Doing Business As	MidState Medical Center	John Dempsey Hospital	New Britain General Hospital
Name of Parent Corporation		University of Connecticut Health Center - Finance Corp.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	435 Lewis Avenue Meriden, CT 06481	263 Farmington Avenue Farmington, CT 06030	100 Grand Street New Britain, CT 06050
Applicant type (e.g., profit/non-profit)	Non-profit	Non-profit	Non-profit
Contact person, including to position	Jeffrey Flaks Chief Operating Officer	Paula McManus Assoc VP, Clinical Planning	Ted Lombardo Director, Imaging Services
act person's street	435 Lewis Avenue Meriden, CT 04681	263 Farmington Avenue Farmington, CT 06030	100 Grand Street New Britain, CT 06050
Contact person's phone #, fax # and e-mail address	(P) 203-694-8205 (F) 203-694-7601 jflaks@midstatemedic al.org	(P) 860-679-3180 (F) 860-679-1130 mcmanus@nso.uchc.edu	(P) 860-224-5011 x 5250 (F) tlombardo@nbgh.org

#### Attachment B

# REQUEST FOR REPLACEMENT OF PET SCANNER WITH PET/CT SCANNER LETTER OF INTENT/WAIVER FORM 2030 INSIGHT HEALTH CORP. JUNE 6, 2005

1. Currently what types of services are being provided? If applicable, please provide a copy of each Department of Public Health license held by the Petitioner.

Mobile PET scanning services, under two (2) approved CONs (Docket Number 01-515a and Docket Number 00-541), are currently provided to the following hospitals desiring to replace the mobile PET service with mobile PET/CT scanning services; MidState Medical Center, John Dempsey Hospital, and New Britain General. InSight is engaged in PET to PET/CT conversion discussions with Manchester Memorial and Windham Community Hospital and hopes to conclude these discussions shortly, adding these two hospital sites to the new PET/CT scanner route. At the point which The Harold Leever Regional Cancer Center and Middlesex Hospital both have their fixed PET/CT scanners operational, InSight will have the capacity to convert the remaining mobile PET services at Manchester Memorial and Windham Community hospitals to PET/CT and will request such authorization from OCHA.

2. What types of services are being proposed and DPH licensure categories will be sought, if applicable.

InSight and the associated hospitals intend to upgrade and enhance the PET service to PET/CT technology. PET fusion is the latest imaging technology that uses software to combine or "fuse" the molecular component (PET) with the anatomic component (CT) into one image display. PET/CT combines the advantages of both PET and CT into a single modality imaging device. The combination of these technologies and developments by the equipment vendors has created a non-invasive imaging tool with increased sensitivity, shorter imaging times and the ability to localize tumors more accurately. PET/CT scanners provide accurately aligned anatomical and functional patient images allowing abnormalities to be localized and distinguished from normal uptakes of the PET radioactive isotope.

The mobile PET/CT service would replace the existing mobile PET service, which uses the equipment authorized by Docket No. 00-541. The total authorized capital expenditures under Docket No. 00-541 was \$2,028,200. The fair market value of the PET/CT equipment is approximately \$886,000.

There are two parts to a PET exam – the emission and the transmission. During the emission scan, the patient emits radiation photons which are captured by the PET system.

The emission portion of the exam typically takes approximately 20-30 minutes. The transmission portion of a PET scan uses (2) 10mCi Germanium sources that rotate around the patient to create an attenuation correction map. The transmission scan typically takes 30-48 minutes.

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With PET/CT, the emission and transmission portions of the exam are shortened to approximately 10-24 minutes and 45 seconds, respectively. The transmission portion of a PET/CT scan is performed using a low mVA, low kV, non-diagnostic CT to create the attenuation correction map. This non-diagnostic CT takes approximately 45 seconds to complete, therefore the total time for a PET/CT exam is 11-25 minutes.

All the hospitals have separately CON approved diagnostic CT services available to their patients. Approved CON docket numbers are identified in the table below.

Hospital	CT Docket Approval No.
John Dempsey Hospital	04-30343-WVR
MidState Medical Center	02-1513
New Britain General	86-502

3. Who is the current population served and who is the target population to be served?

The current population served is that within the respective hospitals' service areas. The target population is the same although CMS approved diagnostic conditions have recently expanded to include Alzheimer's disease (9/15/04) and staging for invasive cervical cancer (1/28/05). It is anticipated these expanded applications will broaden the clinical efficacy and utilization of the PET/CT technology. In addition, PET/CT 1) delivers great non-invasive diagnostic capabilities for coronary artery disease with increased sensitivity and specificity and 2) enhances radiation treatment planning by determining the responsiveness of tumors to radiation.

See Table 1 which identifies the patient zip code origins of exams performed from 7/1/04 - 6/30/05 at New Britain General Hospital, MidState Medical Center and John Dempsey Hospital.

4. Identify any unmet need and how this project will fulfill that need.

The replacement of the PET scanner with a PET/CT scanner will allow the participating hospitals to offer this state-of-the-art service within their respective service areas mitigating the need for patients to travel for this service.

Cancer is the second leading cause of death in Connecticut, following heart disease. In 2001, more than 7,000 state residents died of cancer. Although Connecticut has one of

the highest rates of new cancer cases in the U.S., in 2001 it had the 11th lowest death rate overall (eighth lowest for males and 25th lowest for females). More than half of all cancer deaths in Connecticut are due to cancers of the lung, colon/rectum, female breast, and prostate, all currently covered PET indications except for prostate cancer. <sup>1</sup>

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The introduction of PET/CT technology to a broader Connecticut population through utilization of a mobile service will aid in earlier detection and improved treatment of cancer patients in support of the goals identified in the Comprehensive Cancer Control Plan.

In addition, PET/CT provides more precise tumor contouring permitting delivery of more radiation to the pathology with less collateral tissue impact enhancing the accuracy and efficacy of treatment options.

5. Are there any similar existing service providers in the proposed geographic area?

Hartford Hospital and St. Francis Hospital both have PET/CT services. In the service area northeast of Hartford, Alliance Imaging provides mobile PET/CT services at Johnson Memorial in Stafford Springs.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

Approval of this project will serve to improve the diagnostic and therapeutic treatment capabilities of the participating hospitals and their medical staffs. There is no material impact to the cost of the health care delivery system as existing technology is being replaced not added.

7. Who will be responsible for providing the service?

InSight Health Corp. will provide the PET/CT equipment and staff to the hospitals. The proposed PET/CT scanner to be utilized has been owned by InSight since May, 2004 and operated in locales outside of Connecticut. It is presently operating at The Harold Leever Regional Cancer Center two (2) days per week under CON Determination 05-30453-DTR.

The actual service is provided by the hospitals. The hospitals' radiologists are responsible for clinical management of the service and the diagnostic interpretation.

8. Who are the payers of this service? Existing managed care, governmental and indemnity carriers are the primary payers of this service at each hospital.

<sup>&</sup>lt;sup>1</sup> The Connecticut Comprehensive Cancer Control Plan 2005-2008.

### Associates Imaging, Inc.

July 21, 2005

Mr. Gary R. Debley Director, Asset Management Group Insight Health Corp. 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

Dear Mr. Debley:

This letter is to serve as an estimate of the fair market value of a mobile GE ST Discovery, eight-slice PET/CT system. The equipment is housed in a 48' AK Mobile Coach and includes an independent workstation, contrast media injector and printer.

This unit is in high demand and operates with some of the latest technology.

The retail value of unit G1308A is between \$840-890,000 depending on the final accessory inclusion and condition of the equipment.

We feel this is a fair and accurate evaluation based upon our fifteen years of buying and selling radiology equipment.

Sincerely

Bill Turner Owner



July 5, 2005

Commissioner Cristine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA P.O. Box 34038 Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; co-applicants InSight Health Corporation and MidState Medical Center

Dear Commissioner Vogel:

Please accept this letter as evidence of MidState Medical Center's support of InSight's and the hospital's request to replace the existing mobile PET scanner with a mobile PET/CT scanner. The PET service has been operational and successful since the summer of 2001. PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology and certain cardiac and neurological applications. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans.

MidState Medical Center supports this project and requests OCHA's approval of this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Jeffrey A. Flaks

Executive Vice President & Chief Operating Officer

JAF:jw



June 18, 2005

Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P. O. Box 34038
Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner, coapplicants InSight Health Corp. and MidState Medical Center

Dear Ms. Vogel:

Please accept this letter as evidence of MidState Medical Center's support of InSight's and the hospital's request to replace the existing mobile PET scanner with a mobile PET/CT scanner. The PET service has been operational and successful since the summer of 2001. PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology and certain cardiac and neurological applications. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans. For all of these reasons, PET/CT will become the de facto standard of care in the state of Connecticut.

MidState Medical Center supports this project and requests OCHA's approval of this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

James W. Carroll, M.D.

**Radiologist** 

Midstate Radiology Associates

Midstate Medical Center

435 Lewis Ave.

Meriden, CT 06451-2101



An affiliate of Central Connecticut Health Alliance, Inc.

100 Grand Strast, New Britain, Connecticut 06050 860-225-nbgh - www.nbgh.org Laurence A. Tanner, President

July 6, 2005

Christine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P. O. Box 34038
Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; co-applicants InSight Health Corp. and New Britain General Hospital

Dear Ms. Vogel:

Please accept this letter as evidence of New Britain General Hospital's support of InSight's and the hospital's request to replace the existing mobile PET scanner with a mobile PET/CT scanner. The PET service has been operational and successful since the summer of 2001. PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology and certain cardiac and neurological applications. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans.

New Britain General Hospital supports this project and requests OCHA's approval of this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Laurence A. Tanner

President and CEO



An affiliate of Central Connecticut Health Alliance, Inc.

100 Grand Street, New Britain, Connecticut 06050 860-225-nbgh - www.nbgh.org Laurence A. Tanner, President

July 8, 2005

Christine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P. O. Box 34038
Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; co-applicants InSight Health Corp. and New Britain General Hospital

Dear Ms. Vogel:

Please accept this letter as evidence of New Britain General Hospital's support of InSight's and the hospital's request to replace the existing mobile PET scanner with a mobile PET/CT scanner. The PET service has been operational and successful since the summer of 2001. PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology and certain cardiac and neurological applications. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans.

New Britain General Hospital supports this project and requests OCHA's approval of this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Clarence J. Silvia

Sr. V.P. of Operations and COO



# University of Connecticut Health Center John Dempsey Hospital

June 21, 2005

Commissioner Christine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA P. O. Box 34038 Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; coapplicants InSight Health Corp. and John Dempsey Hospital.

Dear Commissioner Vogel:

Please accept this letter as evidence of John Dempsey Hospital's support of InSight's request to replace the existing mobile PET scanner with a mobile PET/CT scanner. The mobile PET service has been operational and successful at John Dempsey Hospital since the summer of 2001. We have realized an increase in the number of days the unit is on campus from one day/month to seven days/month. This translates into an increase of service to our patients at a rate of 30% for each of the last two fiscal years.

PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology and certain cardiac and neurological applications. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy. This would also create an enhancement to our patient population with regard to having essentially two studies performed simultaneously.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans.

John Dempsey Hospital supports this project and urges the Office of Health Care Access to approve this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Anthony J. Borda MBA

Associate Vice President of Operations University of Connecticut Health Center

John Dempsey Hospital



### University of Connecticut Health Center

Diagnostic Imaging and Therapeutics July 5, 2005

Radiation Oncology

Commissioner Christine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA P. O. Box 34038 Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; coapplicants InSight Health Corp. and John Dempsey Hospital.

Dear Commissioner Vogel:

I am composing this letter in support of InSight's request to replace the existing mobile PET scanner with a mobile PET/CT scanner.

PET/CT represents a more sophisticated and accurate imaging modality with many oncologic applications including but not limited to lymphomas, head and neck cancers and lung cancer. It is important for spohisticated oncologic care and necessary for physicians to have access to this modality to care for their patients. PET/CT is also becoming more important for radiation treatment planning. The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Having this technology on site is necessary since it must be tied into our treatment planning computer to successfully transfer the images.

I support this project because it will improve the care I give to my patients and I urge the Office of Health Care Access to approve this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Robert J. Dowsett, MD

Division Chief

Radiation Oncology

University of Connecticut Health Center

An Equal Opportunity Employer

263 Farmington Avenue MC 2930 Farmington, Connecticut 06030-2930

Telephone: (860) 679-3225 Facsimile: (860) 679-1309



### University of Connecticut Health Center The Carole and Ray Neag Comprehensive Cancer Program

Carolyn D. Runowicz, M.D.

Director, The Carole and Ray Neag Comprehensive Cancer Center

Northeast Utilities Chair in Experimental Oncology

Professor of Obstetrics & Gynecology Division of Gynecologic Oncology June 28, 2005

Commissioner Christine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA PO Box 34038 Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; co-applicants InSight Health Corp. and John Dempsey Hospital.

Dear Commissioner Vogel:

As Director of the Neag Comprehensive Cancer Center, please accept this letter in support of InSight's request to replace the existing mobile PET scanner with a mobile PET/CT scanner at John Dempsey Hospital. A PET/CT facilitates patients in planning for cancer treatment, especially in planning for radiation and surgery.

PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy and help in determining treatment.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans. As the state's comprehensive cancer center, it is imperative that we provide these services for residents of Connecticut.

An Equal Opportunity Employer

263 Farmington Avenue Farmington, Connecticut 06030-1614

Telephone: (860) 679-2809 Pacsimile: (860) 679-4973 ernail: crunowicz@uchc.edu web: http://cancer.uchc.edu June 22, 2005

Commissioner Christine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA P.O. Box 34038 Hartford, CT 06134-0308

Re: Letter of Intent/Waiver Request for Replacement of PET Scanner with PET/CT Scanner, Co-applicants InSight Health Corporation and John Dempsey Hospital

Dear Commissioner Vogel:

I support the InSight Health Corporation's request to replace the mobile PET scanner at John Dempsey Hospital with a mobile PET/CT scanner. Having the new combination PET/CT unit in one setting would be a wonderful addition from a patient's perspective. Rather than having to schedule two scans, at two different times, in two different locations in the hospital, the patient could make one appointment. This would be a great service to the patient in terms of time, comfort and convenience. I should know, I am a cancer patient at John Dempsey Hospital and I have had to experience both exams. The whole process of scheduling and taking the exams, along with waiting for the results is an anxiety-producing experience that would be reduced considerably by having the opportunity to combine two exams into one.

Thank you for your consideration.

Sincerely,

Deborah Turling

565 Lovely St.

Avon, CT 06001

John Dempsey Hospital supports this project and urges the Office of Health Care Access to approve this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Carolyn D. Runowicz, M.D.



## University of Connecticut Health Center John Dempsey Hospital

June 21, 2005

Commissioner Christine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA P. O. Box 34038 Hartford, CT 06134-0308

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Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; coapplicants InSight Health Corp. and John Dempsey Hospital.

Dear Commissioner Vogel:

Please accept this letter as evidence of John Dempsey Hospital's support of InSight's request to replace the existing mobile PET scanner with a mobile PET/CT scanner. The mobile PET service has been operational and successful at John Dempsey Hospital since the summer of 2001. We have realized an increase in the number of days the unit is on campus from one day/month to seven days/month. This translates into an increase of service to our patients at a rate of 30% for each of the last two fiscal years.

PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology and certain cardiac and neurological applications. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy. This would also create an enhancement to our patient population with regard to having essentially two studies performed simultaneously.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans.

John Dempsey Hospital supports this project and urges the Office of Health Care Access to approve this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely.

Anthony J. Borda MBA

Associate Vice President of Operations University of Connecticut Health Center

John Dempsey Hospital



### University of Connecticut Health Center The Carole and Ray Neag Comprehensive Cancer Program

Carolyn D. Runowicz, M.D.

Director, The Carole and Ray Neag Comprehensive Cancer Center

> Northeast Utilities Chair in Experimental Oncology

Professor of Obstetrics & Gynecology Division of Gynecologic Oncology June 28, 2005

Commissioner Christine A. Vogel Office of Health Care Access 410 Capitol Avenue, MS#13HCA PO Box 34038 Hartford, CT 06134-0308 CHID JUL -5 ANTI: 5

Re: Letter of Intent/Waiver Request for replacement of PET scanner with PET/CT scanner; co-applicants InSight Health Corp. and John Dempsey Hospital.

Dear Commissioner Vogel:

As Director of the Neag Comprehensive Cancer Center, please accept this letter in support of InSight's request to replace the existing mobile PET scanner with a mobile PET/CT scanner at John Dempsey Hospital. A PET/CT facilitates patients in planning for cancer treatment, especially in planning for radiation and surgery.

PET/CT represents the most sophisticated, non-invasive diagnostic imaging modality in oncology. Approval of this state-of-the-art technology will allow patients to stay closer to home, improve treatment planning and facilitate diagnostic accuracy and help in determining treatment.

The combination of PET and CT leads to increased confidence in image interpretation, enhanced precision in defining anatomical location of lesions and localizing pathology for treatment planning, and consolidation of imaging studies. Patients benefit from the shorter scan times afforded by technological improvement in PET/CT over traditional PET scans. As the state's comprehensive cancer center, it is imperative that we provide these services for residents of Connecticut.

An Equal Opportunity Employer

263 Farmington Avenue Farmington, Connecticut 06030-1614

Telephone: (860) 679-2809 Facsimile: (860) 679-4973 email: crunowicz@uchc.edu web: http://cancer.uchc.edu John Dempsey Hospital supports this project and urges the Office of Health Care Access to approve this request for replacement of the mobile PET scanner with a mobile PET/CT scanner.

Sincerely,

Carolyn D. Runowicz, M.D.

HEALTH CARE ACCESS